

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>145</u>	
District of _____	ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. <u>247</u>	
Town of <u>Miami</u>		Local Registrar No. _____	
or _____			
City of _____	No. <u>1122 Adobe Hill</u>	St. _____	Ward) _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Justina Gonzales</u>		If child is not yet named, make supplemental report, as directed	
3. Sex of child <u>female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. Legitimate? <u>yes</u>
6. Date of birth <u>April 14, 1923</u>		(Month, day, year)	
8. Full name of FATHER <u>Manuel Gonzales</u>		14. Full maiden name of MOTHER <u>Manuela Gomez</u>	
9. Residence <u>Miami, Arizona</u>		15. Residence <u>Miami, Arizona</u>	
(Usual place of abode)		(Usual place of abode)	
If nonresident, give place and State		If nonresident, give place and State	
10. Color or race <u>Mexican</u>	11. Age at last birthday <u>28</u> (Years)	16. Color or race <u>Mexican</u>	17. Age at last birthday <u>28</u> (Years)
12. Birthplace (city or place) <u>Mexico</u>		18. Birthplace (city or place) <u>Mexico</u>	
(State or country)		(State or country)	
13. Occupation <u>Turner helper Copper mine</u>		19. Occupation <u>Housewife</u>	
Nature of Industry		Nature of Industry	
20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.)		(a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>0</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>6:10 P.</u> m. on the date above stated.			
(Born alive or stillborn)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>J. J. Miller</u>	
		(Physician or midwife)	
Given name added from a supplemental report _____		Address <u>Miami, Arizona</u>	
(Month, day, year)			
<u>172-414-479</u>		Filed <u>Apr 30</u> , 19 <u>23</u>	
Registrar.		Local Registrar.	
		County Registrar.	